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## INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

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<b>(21) International Application Number:</b> PCT/US95/16450 <b>(22) International Filing Date:</b> 4 December 1995 (04.12.95)  <b>(30) Priority Data:</b> 111866 4 December 1994 (04.12.94) IL  <b>(71) Applicant (for all designated States except US):</b> YEDA RESEARCH AND DEVELOPMENT CO. LTD. [IL/IL]; P.O. Box 95, 76100 Rehovot (IL).  <b>(71) Applicant (for MX only):</b> RYCUS, Avigail [US/IL]; 16 Kipnis Street, 76305 Rehovot (IL).  <b>(72) Inventor; and</b> <b>(75) Inventor/Applicant (for US only):</b> BEN-NUN, Avraham [IL/IL]; 13 Hashita Street, 70600 Yavne (IL).  <b>(74) Agent:</b> BROWDY, Roger, L.; Browdy and Neimark, Suite 300, 419 Seventh Street, N.W., Washington, DC 20004 (US).		<b>(81) Designated States:</b> CA, JP, MX, US, European patent (AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE).  <b>Published</b> <i>With international search report.</i>
<b>(54) Title:</b> PHARMACEUTICAL COMPOSITIONS FOR THE TREATMENT OF AUTOIMMUNE DISEASES COMPRISING THE B-OLIGOMER OF PERTUSSIS TOXIN OR ITS SUBUNITS  <b>(57) Abstract</b>  The invention provides the use of a protein selected from the B-oligomer of pertussis toxin, an individual subunit S2, S3, S4 or S5 thereof, or a combination of said subunits, for the preparation of pharmaceutical compositions comprising them for the treatment of autoimmune diseases.		

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**PHARMACEUTICAL COMPOSITIONS FOR THE TREATMENT OF  
AUTOIMMUNE DISEASES COMPRISING THE B-OLIGOMER OF  
PERTUSSIS TOXIN OR ITS SUBUNITS**

**Field of the Invention**

5       The present invention is generally in the field of agents that may be used for the treatment of autoimmune diseases, and more particularly relates to pharmaceutical compositions comprising the B-oligomer of pertussis toxin or one of its subunits S2, S3, S4 or S5, or combinations thereof, useful for protection against autoimmune diseases.

10   **Background of the Invention**

      The gram-negative bacterium *Bordetella pertussis* (*B. pertussis*), the causative agent of whooping cough, produces several virulence factors. Pertussis toxin (PT), the major virulence component of *B. pertussis*, appears to contain an important epitope that leads to the formation of antibodies capable of protecting against the disease. Therefore,  
15   PT has been extensively investigated with regard to its possible use in preparing vaccines for whooping cough (Black et al., 1988).

      Pertussis toxin is a 105-kDa hexameric protein composed of five distinct non-covalently linked polypeptides designated (in the order of decreasing molecular weight) S1-S5. PT can be divided into two distinct functional units, the enzymatically active  
20   toxic A-protomer, consisting of a single polypeptide (S1), and the pentameric B-oligomer (S2, S3, two copies of S4, and S5, i.e. molar ratio 1:1:2:1). The B-oligomer is responsible for binding of the toxin to the surface of eukaryotic target cells. The two S4 polypeptides form two distinct heterodimers with S2 and S3, which are in turn held together by S5 (see review by Gierschik, 1992).

25   The pertussis toxin gene has been cloned and sequenced (Nicosia et al., 1986; European Patent Application EP 0232 229; Loch and Keith, 1986; US Patent 4, 883,761). The individual subunits have been subcloned and expressed in *E. coli* in non-fusion form (Burnette et al., 1988) or as fusion proteins (Nicosia et al., 1987), and tested as antigens for protection against whooping cough.

The development of experimental autoimmune encephalomyelitis (EAE), as well as other autoimmune diseases in experimental animals, can be facilitated by injecting *Bordetella pertussis* concomitantly with inoculation of the autoantigen (Bernard et al., 1992). EAE is a neurological autoimmune disease which can be induced in experimental animals by a single injection of central nervous system (CNS) tissue homogenate or purified myelin antigens such as myelin basic protein (MBP) or proteolipid protein (PLP) in complete Freund's adjuvant (CFA) (Tabira and Kira, 1992). The clinical and pathological features of EAE are reminiscent of multiple sclerosis, and EAE is a well-accepted model for multiple sclerosis. In mice, consistent elicitation of EAE was shown to be facilitated by administration of *B. pertussis* at the time of the encephalitogenic challenge (Munoz, 1985). Pertussis toxin (PT) was shown later to be the component of *B. pertussis* responsible for facilitating disease development, and it is now routinely used in place of *B. pertussis* for enhancement of autoimmune disease in experimental animals (Munoz, 1995).

In an analysis of the possible immunomodulating activity of various bacteria, it was found by the present inventor that *B. pertussis* not only enhances the development of EAE in mice, but can also protect against the disease depending on the time and route of injection (Lehman and Ben-Bun, 1993). The protective activity of *B. pertussis* was subsequently assigned to PT (Ben-Nun et al., 1993).

Pertussis toxin (PT), the major virulence determinant of *B. pertussis*, is composed of two distinct functional units: the A-protomer consisting of a single polypeptide (S1) that mediates adenosine diphosphate (ADP)-ribosylation of host G proteins, and the B-oligomer, a complex pentamer composed of subunits S2, S3, S4 and S5 in a respective molar ratio of 1:1:2:1, which mediates the binding of the toxin to host tissue by interaction with glycoproteins and glycolipids on many types of eukaryotic cells (Gierschik, 1992). PT was found to have mitogenic and immunoadjuvant properties (Munoz, 1985). The mechanism by which PT can enhance the development of EAE in mice is not yet clear. However, it has been suggested that PT facilitates the access of autoantigen-specific T cells to the CNS by affecting the vascular permeability of the blood-brain barrier (Linthicum et al., 1982).

The mechanism by which PT protects against the development of EAE is also unclear. To further understand how both enhancing and protective activities are mediated by the same, albeit complex, molecule, it is essential to delineate the regions of the PT holomer which may be associated with one or both of these activities.

5

#### Summary of the Invention

It has now been found in accordance with the present invention that the B-oligomer of pertussis toxin or a subunit S2, S3, S4 or S5 thereof, are able to block the development of EAE in mice. Since EAE is a well-established and widely accepted  
10 animal model for the study of autoimmune diseases, these findings indicate that the B-oligomer of pertussis toxin or a subunit S2, S3, S4 or S5 thereof, will be useful for the protection against autoimmune diseases in humans.

The present invention thus relates to a pharmaceutical composition comprising as active ingredient the B-oligomer of pertussis toxin or an individual subunit S2, S3, S4  
15 or S5 thereof, or a combination of said subunits, and a pharmaceutically acceptable carrier, useful for protection against autoimmune diseases in humans.

Any autoimmune disease can be treated with a pharmaceutical composition of the invention, such as rheumatoid arthritis, systemic lupus erythematosus, insulin-dependent diabetes mellitus and graft-versus-host disease, and more particularly,  
20 multiple sclerosis.

The invention also relates to the use of the B-oligomer of pertussis toxin or an individual subunit S2, S3, S4 or S5 thereof, or a combination of said subunits, for the manufacture of a pharmaceutical composition useful for the protection against autoimmune diseases in humans.

Also encompassed by the present invention is a method for the treatment of a  
25 patient afflicted with an autoimmune disease which comprises administering to such a patient an effective amount of the B-oligomer of pertussis toxin or an individual subunit S2, S3, S4 or S5 thereof, or a combination of said subunits.

30

### Description of the Figures

Fig. 1 depicts the nucleotide and amino acid sequence of the subunit S2 of the B-oligomer of pertussis toxin.

Fig. 2 depicts the nucleotide and amino acid sequence of the subunit S3 of the B-oligomer of pertussis toxin.

Fig. 3 depicts the nucleotide and amino acid sequence of the subunit S4 of the B-oligomer of pertussis toxin.

Fig. 4 depicts the nucleotide and amino acid sequence of the subunit S5 of the B-oligomer of pertussis toxin.

Fig. 5 shows protection against the development of EAE by PT administered in oil or in aqueous solution. PT (400ng) in 0.1 ml emulsion of IFA or in aqueous solution (PBS) was injected s.c. in the flanks, 18 days prior to the encephalitogenic challenge. X denotes mortality of all mice in the group. P and M represent incidence of paralysis and mortality, respectively, in each group. a)  $p = 0.0002$ , and b)  $p = 0.0012$ , when compared to P or M, respectively, in the combined controls (None + IFA).

Fig. 6 shows that the B-oligomer blocks the development of EAE. B-oligomer (100 ng) or PT (400 ng) emulsified in IFA were injected s.c. 16 days prior to the encephalitogenic challenge. a)  $p = 0.001$ , and b)  $p = 0.001$  when compared to P or M, respectively, in the combined controls (None + IFA).

Fig. 7 shows silver-stained SDS-gel of gel-purified PT subunits. The subunits were isolated by preparative gel electrophoresis and analyzed. Five  $\mu$ g whole PT, 0.4  $\mu$ g purified S1, 0.3  $\mu$ g purified S2, 0.7  $\mu$ g purified S3 and 1.25  $\mu$ g purified S4/S5 were run on the relevant lanes.

Fig. 8 shows differential protective effect of the B-oligomer subunits. 100 ng of B-oligomer or of gel-purified subunits were emulsified in IFA and injected s.c. 20 days before the encephalitogenic challenge. a)  $p = 0.0002$ , b)  $p = 0.0043$ , c)  $p = 0.0016$ , and d)  $p = 0.014$  when compared to P in the combined controls (None + IFA); e)  $p = 0.001$ , f)  $p = 0.008$  and g)  $p = 0.04$  when compared to M in the combined controls (None + IFA).

Fig. 9 shows that the B-oligomer does not promote the development of EAE. PT (400 ng) or B-oligomer (400 ng) were injected I.V. immediately, and 48 hours after

mice were injected with MSCH/CFA to induce the development of EAE. a)  $p = 0.004$ , and  $p = 0.02$  when compared to P or M, respectively, in the +PT group.

### Detailed Description of the Invention

5 PT administered in oil or in aqueous solution protects mice against the development of EAE (Fig. 5), which is routinely used as a model for organ-specific T-cell mediated autoimmune diseases, suggesting its potential efficacy for therapy of such diseases. However, the use of PT as a therapeutic agent is rather risky in view of its toxicity.

10 In order to identify regions of PT associated with enhancement or with blocking of disease, both for potential therapeutic use and for a better understanding of the mechanisms of action of PT on autoimmune diseases, the effect of the constitutive units of PT on the development of EAE was investigated according to the present invention. The findings shown herein in the examples that the B-oligomer of PT, which does not  
15 contain the toxic S1 monomer, has a remarkable protective effect against EAE (Fig. 6), indicate that the B-oligomer is responsible for the protective activity of PT. Furthermore, the failure of the B-oligomer to enhance the development of EAE (Fig. 9) indicates that the enhancement of autoimmune diseases by PT is likely to be associated with the S1 monomer of PT.

20 Several features of the B-oligomer of PT make it a potentially useful agent for the therapy of autoimmune diseases: i) it is highly potent in blocking the development of EAE; ii) it is devoid of the enhancing activity of PT; and iii) the B-oligomer, which does not comprise the toxic S1 monomer, is non-toxic in vivo.

The subunits S2, S3, S4 and S5 of the B-oligomer were purified (Fig. 7) and  
25 tested for their ability to protect against EAE, in the attempt to assign the protective activity of the B-oligomer to a particular subunit. The findings that each subunit has protective activity (Fig. 8) further indicate that each can be used as a therapeutic agent for autoimmune diseases. Each subunit protected against EAE to a different extent, and the protection conferred was not as complete as that given by the B-oligomer, indicating  
30 that various combinations of the subunits in the form of mixtures, e.g. S2+S3, S2+S4,



S2+S3+S5, or as heterodimers, e.g. S2/S4, S3/S4, may be more effective in abolishing disease development.

Hence, the B-oligomer of PT and the subunits of the B-oligomer, individually or in various combinations, are potentially useful agents for the therapy of multiple sclerosis and other autoimmune diseases, such as rheumatoid arthritis, insulin-dependent  
5 diabetes mellitus, systemic lupus erythematosus, and graft-versus-host disease.

In preferred embodiments, the pharmaceutical compositions of the invention comprise as active ingredient the B-oligomer, the subunit S2 or S3, a mixture of S2 and S3, or of S2, S3 and S5, or a heterodimer S2/S4 or S3/S4, or a mixture of said  
10 heterodimers.

The B-oligomer of PT is commercially available or can be prepared by any method described in the art, such as for example by dissociation of pertussis toxin into the A protomer and the B-oligomer by affinity chromatography (Tamura et al., 1982; and 1983; Burns et al., 1987), or by combining heterodimer S2/S4, heterodimer S3/S4  
15 and subunit S5 at the 1:1:1 molar ratio in 2M urea (Tamura et al., 1983). All attempts to prepare recombinant B-oligomer have not been successful.

The individual subunits S2, S3, S4 and S5, both native and recombinant, are encompassed by the invention. The native subunits can be prepared, for example, by preparative gel electrophoresis as described according to the present invention (Fig. 7)  
20 or by gel filtration (Tamura et al., 1982), and the recombinant subunits as described by Nicosia et al, 1987, and Burnette et al., 1988. The heterodimers S2/S4 and S3/S4 are also prepared according to Tamura et al., 1982.

The pharmaceutical compositions of the invention comprise a pharmaceutically acceptable carrier and as active ingredient the B-oligomer of PT or an individual subunit  
25 S2, S3, S4 or S5 thereof, or a combination of said subunits. By "combination" of said subunits it is herein included both mixtures of the subunits, for example a mixture of S2 and S3, or S2 and S4, or a heterodimer S2/S4 and S3/S4 associated similarly to the native molecule, or a mixture of said heterodimers.

The pharmaceutical compositions are prepared by mixing the active ingredient  
30 with a pharmaceutically acceptable carrier, stabilizers and excipients, and prepared in dosage form, e.g. by lyophilization in dosage vials. They may be administered in all

suitable ways, e.g. intravenously, intramuscularly, subcutaneously, local injection, topical application or per os, as the case may require. The amount of active compound to be administered will depend on the route of administration, the disease to be treated and the condition of the patient.

5

The invention will now be described in more detail in the following non-limiting examples and their accompanying figures.

## EXAMPLES

### 10 Materials and Methods

#### (a) Materials

Pertussis toxin (PT) was obtained from Sigma (St Louis, Mo, USA) and also as a kind gift from Dr. D. Teitelbaum (The Weizmann Institute of Science, Rehovot, Israel). The B-oligomer of PT was obtained from List Biological Laboratories Inc. (Campbell, CA).

15

#### (b) Mice

Female SJL/J mice were purchased from Jackson Laboratories (Bar Harbor, Me, USA). All mice were 2-3 months old when used in the experiments.

#### (c) Induction of EAE

EAE was induced in mice as previously described (Ben-Nun and Lando, 1983). Briefly, 0.1 ml of emulsion prepared from mouse spinal cord homogenate (MSCH, 60 mg/ml) emulsified with an equal volume of CFA enriched for *M. tuberculosis* H37Ra (5mg/ml) was injected s.c. into the mouse footpads. Immediately after and 48 hrs later, PT was injected intravenously (400 ng/mouse). Where stated in the text, the B-oligomer (400 ng/mouse) was also used in place of PT to evaluate its effect on disease enhancement.

25

#### (d) Clinical evaluation, scoring and statistical analysis

Following the encephalitogenic challenge, mice were observed daily for clinical signs of EAE. The severity of the clinical manifestations was scored daily for each individual mouse in the treatment group on a scale of 0-6; 0: no clinical signs, 1: loss of tail tonicity, 2: flaccid tail, 3: hind leg paralysis, 4: hind leg paralysis with hind body

30

pareisis, 5: hind and fore leg paralysis, 6: death. Results presented denote the mean score of the treatment group on each given day after encephalitogenic challenge. At the peak of the clinical disease, on days 12-17 after encephalitogenic challenge, the standard errors (not shown) were less than 16% of the mean clinical score. Each graph also displays the incidence of paralysis (P) and mortality (M) for each treatment group in order to allow a complete evaluation of the clinical course of EAE.

To evaluate the statistical significance of the differences in incidence of paralysis or mortality between treatment and control groups in each experiment, the contingency table analysis was used to calculate the  $\chi^2$  values with the Stat View 512<sup>+</sup> program. Due to the relatively small number of mice in each group, the  $p$  values given are of  $\chi^2$  with continuity correction.

#### (e) Protection against EAE

For the induction of protection against the disease, mice were injected s.c. in the flanks with 400 ng of PT, or with 100 ng of B-oligomer or gel-eluted subunits of the B-oligomer, emulsified in incomplete Freund's adjuvant (IFA). A total volume of 0.1 ml was injected 2-3 weeks prior to encephalitogenic challenge. Where indicated, PT was injected in aqueous solution (PBS) s.c. in the flanks, in a total volume of 0.1 ml.

#### Example 1. Effect of pertussis toxin on the development of EAE

Fig. 5 shows that a single injection of PT prior to the encephalitogenic challenge has a dramatic effect on the subsequent development of EAE induced in SJL/J mice by CNS tissue homogenate. PT was remarkably effective in blocking the development of EAE regardless of whether it was administered s.c. as an oil emulsion or an aqueous solution. These results show that PT can not only facilitate the development of autoimmune diseases as previously shown (Munoz, 1985), but also has a strong protective activity which can completely abolish disease development (Ben-Nun et al., 1993).

#### Example 2. Effect of the B-oligomer of pertussis toxin on the development of EAE

To identify regions of the PT molecule that can be associated with the enhancing effect or with the protective activity of PT, the A-protomer and the B-oligomer were

investigated. Fig. 6 shows that the B-oligomer, which is devoid of the toxic S1 subunit, is sufficient to protect against the development of EAE. The protection against EAE was total with as little as 50-100 ng of B-oligomer per mouse administered as a single injection. B-oligomer was at least as potent as whole PT in protecting mice against the disease.

**Example 3. Purification of PT subunits by elution from preparative SDS-gels and their effect on the development of EAE**

In the attempt to assign the protective activity of PT to a particular subunit of the B-oligomer, PT (Sigma) was electrophoresed on preparative SDS-gel according to Laemmli, 1970. Each subunit was located according to stained reference lane on each gel (Fig. 7). The unstained relevant bands were cut out from the gel. Each subunit was eluted from the crushed gel band by passive diffusion, dialysed extensively against double distilled H<sub>2</sub>O in the presence or absence of bovine serum albumin, lyophilised and resuspended in PBS.

The B-oligomer, subunits S2, S3 and S4/S5 were tested in vivo for protective activity against the development of EAE. As shown in Fig. 8, each of the subunits had a protective effect. However, although the protective activity of the different subunits was marked, the protection was not as total as that obtained with B-oligomer or whole PT.

**Example 4. The B-oligomer does not promote development of EAE in mice**

As mentioned above, PT has a conflicting immunomodulatory effect on autoimmune diseases (Ben-Nun et al., 1993). It can facilitate the development of the disease and also protect against it (as shown here). As the B-oligomer was found to be highly effective in protecting against EAE, its possible enhancing effect on the disease was investigated. Fig. 9 shows that in comparison with PT, that facilitated the development of a disease with severe neurological impairment and high mortality, the B-oligomer had no enhancing effect. Thus, all mice that received PT concomitantly with the encephalitogenic challenge developed severe EAE, whilst all mice that received PBS or B-oligomer remained healthy.

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**CLAIMS**

1. A pharmaceutical composition for the treatment of autoimmune diseases comprising as active ingredient the B-oligomer of pertussis toxin (PT), an individual  
5 subunit S2, S3, S4 or S5 of said B-oligomer, or a combination of said subunits, and a pharmaceutically acceptable carrier.
2. A pharmaceutical composition according to claim 1 for the treatment of an autoimmune disease selected from the group comprising multiple sclerosis, rheumatoid  
10 arthritis, systemic lupus erythematosus, insulin-dependent diabetes mellitus and graft-versus-host disease.
3. A pharmaceutical composition according to claim 1 or 2 wherein the active ingredient is the B-oligomer of pertussis toxin.  
15
4. A pharmaceutical composition according to claim 1 or 2 wherein the active ingredient is the subunit S2 or S3 or a mixture of S2+S3 or of S2+S3+S5.
5. A pharmaceutical composition according to claim 1 or 2 wherein the active  
20 ingredient is a heterodimer S2/S4 or S3/S4 or a mixture of both.
6. Use of a protein selected from the group comprising the B-oligomer of pertussis toxin, an individual subunit S2, S3, S4 and S5 of said B-oligomer, or a combination of said subunits, for the preparation of a medicament for the treatment of autoimmune  
25 diseases.
7. Use according to claim 6 wherein the autoimmune disease is selected from the group comprising multiple sclerosis, rheumatoid arthritis, systemic lupus erythematosus, insulin-dependent diabetes mellitus and graft-versus-host disease.  
30
8. Use according to claim 7 wherein the autoimmune disease is multiple sclerosis.

9. Use according to any one of claims 6 to 8 wherein the protein is the B-oligomer of pertussis toxin.
10. Use according to any one of claims 6 to 8 wherein the protein is the subunit S2 or S3 of the B-oligomer of pertussis toxin or a mixture S2+S3 or S2+S3+S5.
11. Use according to any one of claims 6 to 8 wherein the protein is a heterodimer S2/S4 or S3/S4 or a mixture of both.
12. A method for the treatment of a patient afflicted with an autoimmune disease which comprises administering to said patient an effective amount of a protein selected from the group comprising the B-oligomer of pertussis toxin, an individual subunit S2, S3, S4 or S5 thereof, or a combination of said subunits.
13. A method according to claim 12 wherein the autoimmune disease is selected from the group comprising multiple sclerosis, rheumatoid arthritis, systemic lupus erythematosus, insulin-dependent diabetes mellitus and graft-versus-host disease.
14. A method according to claim 13 for the treatment of a patient afflicted with multiple sclerosis which comprises administering to said patient an effective amount of a protein selected from the B-oligomer of pertussis toxin, the subunit S2 or S3 thereof, or a mixture of the subunits S2-S3 or S2+S3+S5, or a heterodimer S2/S4 or S3/S4 or a mixture of both.



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1	TCC	ACG	CCA	GGC	ATC	GTC	ATT	CCG	CCG	CAG	GAA	CAG	ATT	ACC	CAG	45
	Ser	Thr	Pro	Gly	Ile	Val	Ile	Pro	Pro	Gln	Glu	Gln	Ile	Thr	Gln	
					5					10					15	
46	CAT	GGC	AGC	CCC	TAT	GGA	CGC	TGC	GCG	AAC	AAG	ACC	CGT	GCC	CTG	90
	His	Gly	Ser	Pro	Tyr	Gly	Arg	Cys	Ala	Asn	Lys	Thr	Arg	Ala	Leu	
					20					25					30	
91	ACC	GTG	GCG	GAA	TTG	CGC	GGC	AGC	GGC	GAT	CTG	CAG	GAG	TAC	CTG	135
	Thr	Val	Ala	Glu	Leu	Arg	Gly	Ser	Gly	Asp	Leu	Gln	Glu	Tyr	Leu	
					35					40					45	
136	CGT	CAT	GTG	ACG	CGC	GGC	TGG	TCA	ATA	TTT	GCG	CTC	TAC	GAT	GGC	180
	Arg	His	Val	Thr	Arg	Gly	Trp	Ser	Ile	Phe	Ala	Leu	Tyr	Asp	Gly	
					50					55					60	
181	ACC	TAT	CTC	GGC	GGC	GAA	TAT	GGC	GGC	GTG	ATC	AAG	GAC	GGA	ACA	225
	Thr	Tyr	Leu	Gly	Gly	Glu	Tyr	Gly	Gly	Val	Ile	Lys	Asp	Gly	Thr	
					65					70					75	
226	CCC	GGC	GGC	GCA	TTC	GAC	CTG	AAA	ACG	ACG	TTC	TGC	ATC	ATG	ACC	270
	Pro	Gly	Gly	Ala	Phe	Asp	Leu	Lys	Thr	Thr	Phe	Cys	Ile	Met	Thr	
					80					85					90	
271	ACG	CGC	AAT	ACG	GGT	CAA	CCC	GCA	ACG	GAT	CAC	TAC	TAC	AGC	AAC	315
	Thr	Arg	Asn	Thr	Gly	Gln	Pro	Ala	Thr	Asp	His	Tyr	Tyr	Ser	Asn	
					95					100					105	
316	GTC	ACC	GCC	ACT	CGC	CTG	CTC	TCC	AGC	ACC	AAC	AGC	AGG	CTA	TGC	360
	Val	Thr	Ala	Thr	Arg	Leu	Leu	Ser	Ser	Thr	Asn	Ser	Arg	Leu	Cys	
					110					115					120	
361	GCG	GTC	TTC	GTC	AGA	AGC	GGG	CAA	CCG	GTC	ATT	GGC	GCC	TGC	ACC	405
	Ala	Val	Phe	Val	Arg	Ser	Gly	Gln	Pro	Val	Ile	Gly	Ala	Cys	Thr	
					125					130					135	
406	AGC	CCG	TAT	GAC	GGC	AAG	TAC	TGG	AGC	ATG	TAC	AGC	CGG	CTG	CGG	450
	Ser	Pro	Tyr	Asp	Gly	Lys	Tyr	Trp	Ser	Met	Tyr	Ser	Arg	Leu	Arg	
					140					145					150	
451	AAA	ATG	CTT	TAC	CTG	ATC	TAC	GTG	GCC	GGC	ATC	TCC	GTA	CGC	GTC	495
	Lys	Met	Leu	Tyr	Leu	Ile	Tyr	Val	Ala	Gly	Ile	Ser	Val	Arg	Val	
					155					160					165	
496	CAT	GTC	AGC	AAG	GAA	GAA	CAG	TAT	TAC	GAC	TAT	GAG	GAC	GCA	ACG	540
	His	Val	Ser	Lys	Glu	Glu	Gln	Tyr	Tyr	Asp	Tyr	Glu	Asp	Ala	Thr	
					170					175					180	
541	TTC	GAG	ACT	TAC	GCC	CTT	ACC	GGC	ATC	TCC	ATC	TGC	AAT	CCT	GGA	585
	Phe	Glu	Thr	Tyr	Ala	Leu	Thr	Gly	Ile	Ser	Ile	Cys	Asn	Pro	Gly	
					185					190					195	
586	TCA	TCC	TTA	TGC												597
	Ser	Ser	Leu	Cys												
					199											

Figure 1

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1	GTT GCG CCA GGC ATC GTC ATC CCG CCG AAG GCA CTG TTC ACC CAA	45
	Val Ala Pro Gly Ile Val Ile Pro Pro Lys Ala Leu Phe Thr Gln	
	5 10 15	
46	CAG GGC GGC GCC TAT GGA CGC TGC CCG AAC GGA ACC CGC GCC TTG	90
	Gln Gly Gly Ala Tyr Gly Arg Cys Pro Asn Gly Thr Arg Ala Leu	
	20 25 30	
91	ACC GTG GCC GAA CTG CGC GGC AAC GCC GAA TTG CAG ACG TAT TTG	135
	Thr Val Ala Glu Leu Arg Gly Asn Ala Glu Leu Gln Thr Tyr Leu	
	35 40 45	
136	CGC CAG ATA ACG CCC GGC TGG TCC ATA TAC GGT CTC TAT GAC GGT	180
	Arg Gln Ile Thr Pro Gly Trp Ser Ile Tyr Gly Leu Tyr Asp Gly	
	50 55 60	
181	ACG TAC CTG GGC CAG GCG TAC GGC GGC ATC ATC AAG GAC GCG CCG	225
	Thr Tyr Leu Gly Gln Ala Tyr Gly Gly Ile Ile Lys Asp Ala Pro	
	65 70 75	
226	CCA GGC GCG GGG TTC ATT TAT CGC GAA ACT TTC TGC ATC ACG ACC	270
	Pro Gly Ala Gly Phe Ile Tyr Arg Glu Thr Phe Cys Ile Thr Thr	
	80 85 90	
271	ATA TAC AAG ACC GGG CAA CCG GCT GCG GAT CAC TAC TAC AGC AAG	315
	Ile Tyr Lys Thr Gln Pro Ala Ala Asp His Tyr Tyr Ser Lys	
	95 100 105	
316	GTC ACG GCC ACG CGC CTG CTC GCC AGC ACC AAC AGC AGG CTG TGC	360
	Val Thr Ala Thr Arg Leu Leu Ala Ser Thr Asn Ser Arg Leu Cys	
	110 115 120	
361	GCG GTA TTC GTC AGG GAC GGG CAA TCG GTC ATC GGA GCC TGC GCC	405
	Ala Val Phe Val Arg Asp Gly Gln Ser Val Ile Gly Ala Cys Ala	
	125 130 135	
406	AGC CCG TAT GAA GGC AGG TAC AGA GAC ATG TAC GAC GCG CTG CCG	450
	Ser Pro Tyr Glu Gly Arg Tyr Arg Asp Met Tyr Asp Ala Leu Arg	
	140 145 150	
451	CGC CTG CTG TAC ATG ATC TAT ATG TCC GGC CTT GCC GTA CGC GTC	495
	Arg Leu Leu Tyr Met Ile Tyr Met Ser Gly Leu Ala Val Arg Val	
	155 160 165	
496	CAC GTC AGC AAG GAA GAG CAG TAT TAC GAC TAC GAG GAC GCC ACA	540
	His Val Ser Lys Glu Glu Gln Tyr Tyr Asp Tyr Glu Asp Ala Thr	
	170 175 180	
541	TTC CAG ACC TAT GCC CTC ACC GGC ATT TCC CTC TGC AAC CCG GCA	585
	Phe Gln Thr Tyr Ala Leu Thr Gly Ile Ser Leu Cys Asn Pro Ala	
	185 190 195	
586	GCG TCG ATA TGC	597
	Ala Ser Ile Cys	
	199	

Figure 2

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1	GAC GTT CCT TAT GTG CTG GTG AAG ACC AAT ATG GTG GTC ACC AGC	45
	Asp Val Pro Tyr Val Leu Val Lys Thr Asn Met Val Val Thr Ser	
	5 10 15	
46	GTA GCC ATG AAG CCG TAT GAA GTC ACC CCG ACG CGC ATG CTG GTC	90
	Val Ala Met Lys Pro Tyr Glu Val Thr Pro Thr Arg Met Leu Val	
	20 25 30	
91	TGC GGC ATC GCC GCC AAA CTG GGC GCC GCG GCC AGC AGC CCG GAC	135
	Cys Gly Ile Ala Ala Lys Leu Gly Ala Ala Ala Ser Ser Pro Asp	
	35 40 45	
136	GCG CAC GTG CCG TTC TGC TTC GGC AAG GAT CTC AAG CGT CCC GGC	180
	Ala His Val Pro Phe Cys Phe Gly Lys Asp Leu Lys Arg Pro Gly	
	50 55 60	
181	AGC AGT CCC ATG GAA GTC ATG TTG CGC GCC GTC TTC ATG CAA CAA	225
	Ser Ser Pro Met Glu Val Met Leu Arg Ala Val Phe Met Gln Gln	
	65 70 75	
226	CGG CCG CTG CGC ATG TTT CTG GGT CCC AAG CAA CTC ACT TTC GAA	270
	Arg Pro Leu Arg Met Phe Leu Gly Pro Lys Gln Leu Thr Phe Glu	
	80 85 90	
271	GGC AAG CCC GCG CTC GAA CTG ATC CGG ATG GTC GAA TGC AGC GGC	315
	Gly Lys Pro Ala Leu Glu Leu Ile Arg Met Val Glu Cys Ser Gly	
	95 100 105	
316	AAG CAG GAT TGC CCC	330
	Lys Gln Asp Cys Pro	
	110	

Figure 3

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1	GCC GGC TTG CCG ACC CAT CTG TAC AAG AAC TTC ACT GTC CAG GAG	45
	Ala Gly Leu Pro Thr His Leu Tyr Lys Asn Phe Thr Val Gln Glu	
	5 10 15	
46	CTG GCC TTG AAA CTG AAG GGC AAG AAT CAG GAG TTC TGC CTG ACC	90
	Leu Ala Leu Lys Leu Lys Gly Lys Asn Gln Glu Phe Cys Leu Thr	
	20 25 30	
91	GCC TTC ATG TCG GGC AGA AGC CTG GTC CGG GCG TGC CTG TCC GAC	135
	Ala Phe Met Ser Gly Arg Ser Leu Val Arg Ala Cys Leu Ser Asp	
	35 40 45	
136	GCG GGA CAC GAG CAC GAC ACG TGG TTC GAC ACC ATG CTT GGC TTT	180
	Ala Gly His Glu His Asp Thr Trp Phe Asp Thr Met Leu Gly Phe	
	50 55 60	
181	GCC ATA TCC GCG TAT GCG CTC AAG AGC CGG ATC GCG CTG ACG GTG	225
	Ala Ile Ser Ala Tyr Ala Leu Lys Ser Arg Ile Ala Leu Thr Val	
	65 70 75	
226	GAA GAC TCG CCG TAT CCG GGC ACT CCC GGC GAT CTG CTC GAA CTG	270
	Glu Asp Ser Pro Tyr Pro Gly Thr Pro Gly Asp Leu Leu Glu Leu	
	80 85 90	
271	CAG ATC TGC CCG CTC AAC GGA TAT TGC GAA	300
	Gln Ile Cys Pro Leu Asn Gly Tyr Cys Glu	
	95 100	

Figur 4

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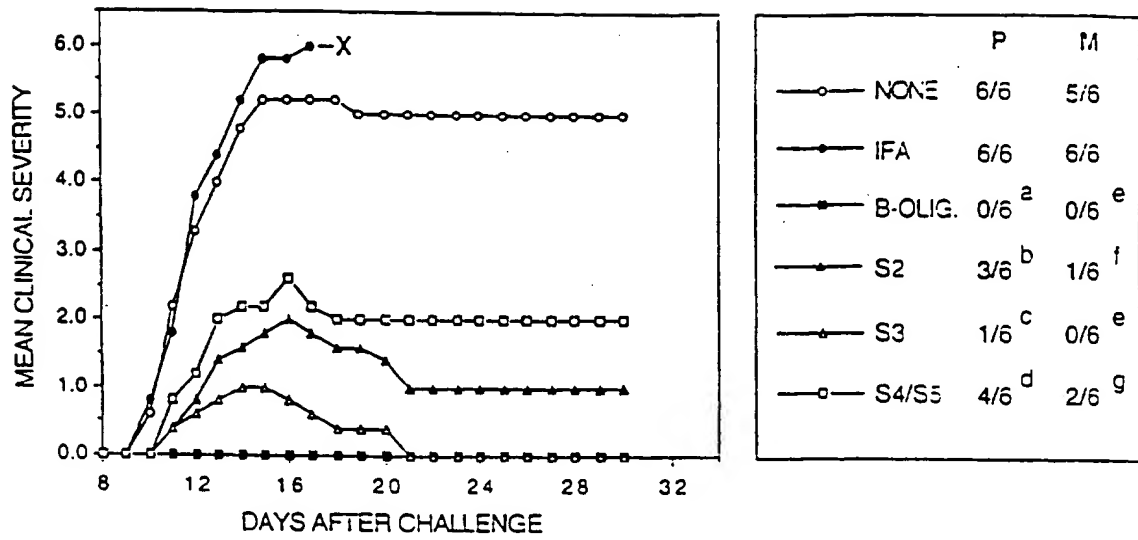


Figure 5

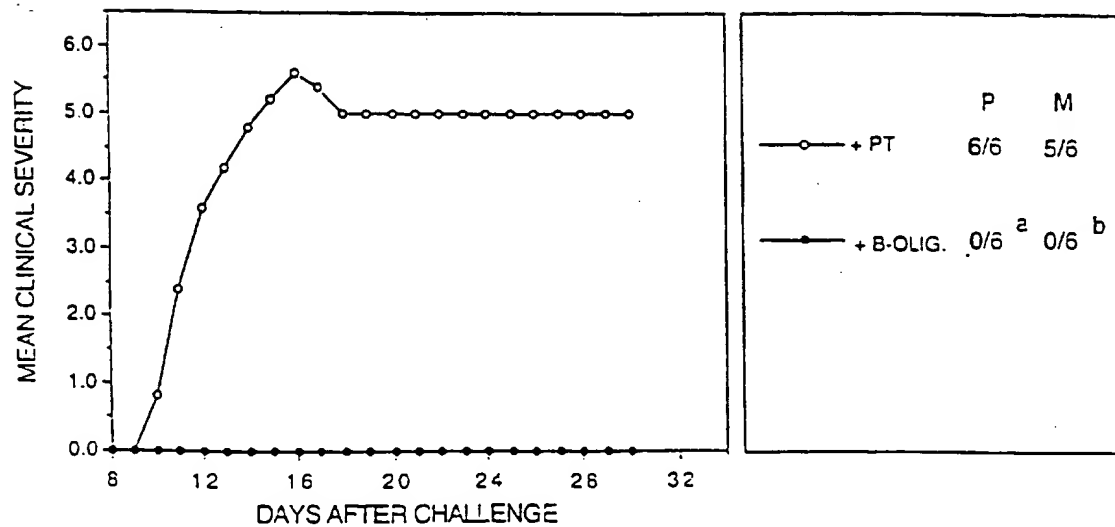
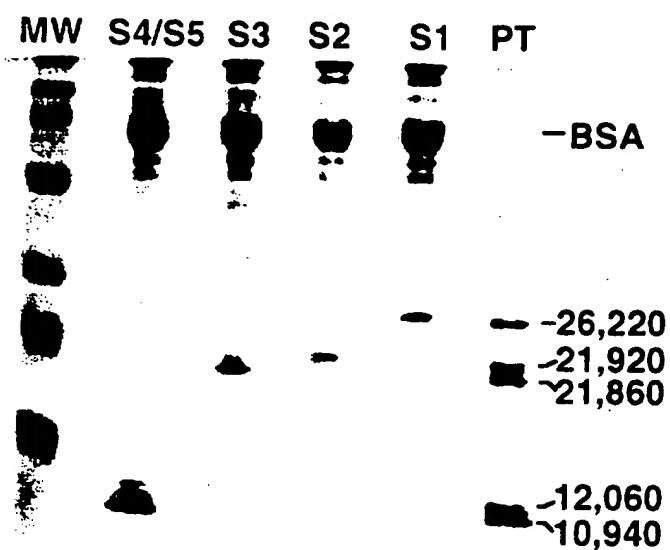


Figure 6

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## FIG. 7

GEL-PURIFIED PT SUBUNITS  
(SILVER-STAINED SDS-GEL)



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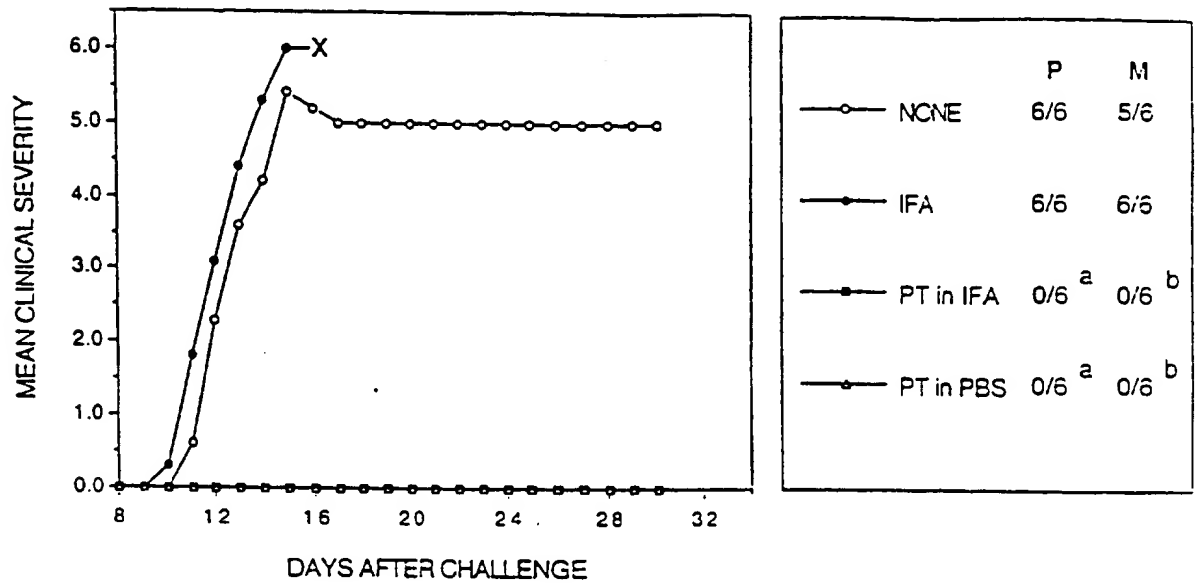


Figure 8

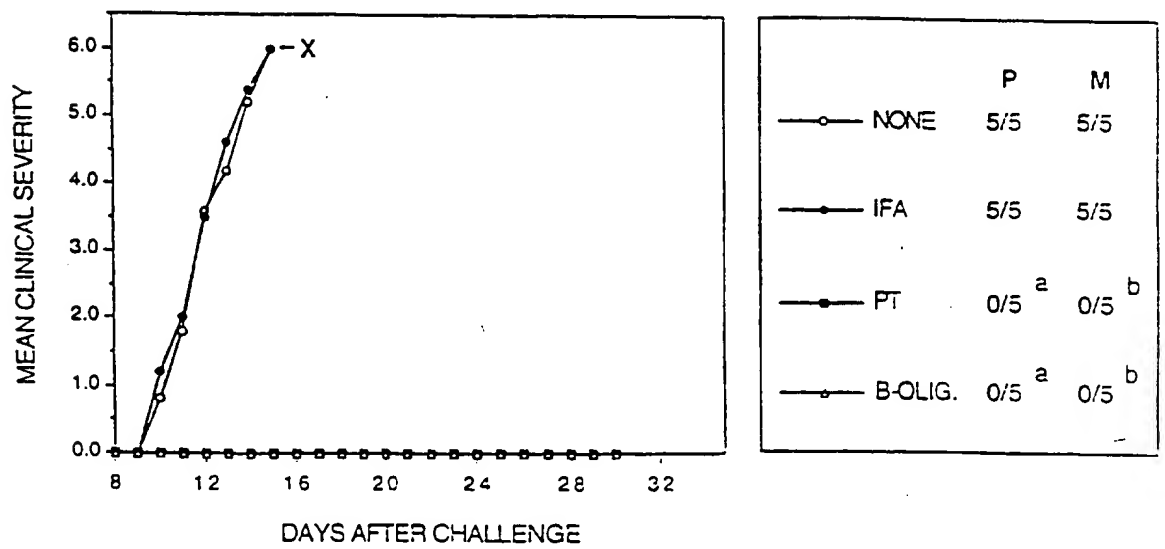


Figure 9

## INTERNATIONAL SEARCH REPORT

International application No.  
PCT/US95/16450

<b>A. CLASSIFICATION OF SUBJECT MATTER</b> IPC(6) : A61K 38/16, 39/10; C07K 14/235 US CL : 424/240.1; 514/2; 530/350 According to International Patent Classification (IPC) or to both national classification and IPC		
<b>B. FIELDS SEARCHED</b> Minimum documentation searched (classification system followed by classification symbols) U.S. : 424/190.1, 240.1; 514/2, 12; 530/350, 825  Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched  Electronic data base consulted during the international search (name of data base and, where practicable, search terms used) Please See Extra Sheet.		
<b>C. DOCUMENTS CONSIDERED TO BE RELEVANT</b>		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	Infection And Immunity, Volume 59, Number 12, issued December 1991, Nencioni et al, "Properties of the B Oligomer of Pertussis Toxin", pages 4732-4734, see page 4732, column 2, last two paragraphs.	1-4, 6-10
X	JP, A, 58-59925 (KAKEN YAKUKAKOU KK) 09 April 1983, see the abstracts.	1-4, 6-10, 12, 13
A	The Journal Of Biological Chemistry, Volume 258, Number 11, issued 10 June 1983, Tamura et al, "A Role of the B-Oligomer Moiety of Islet-activating Protein, Pertussis Toxin, in Development of the Biological Effects on Intact Cells", pages 6756-6761, see page 6759, paragraph bridging columns 1 and 2, and page 6760, column 2, first full paragraph.	1-14
<input checked="" type="checkbox"/> Further documents are listed in the continuation of Box C. <input type="checkbox"/> See patent family annex.		
* "A" "E" "L" "O" "P"	Special categories of cited documents: document defining the general state of the art which is not considered to be of particular relevance earlier document published on or after the international filing date document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified) document referring to an oral disclosure, use, exhibition or other means document published prior to the international filing date but later than the priority date claimed	"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention "X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone "Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art "A" document member of the same patent family
Date of the actual completion of the international search 14 MARCH 1996		Date of mailing of the international search report 25 MAR 1996
Name and mailing address of the ISA/US Commissioner of Patents and Trademarks Box PCT Washington, D.C. 20231 Facsimile No. (703) 305-3230		Authorized officer JEFFREY E. RUSSEL Telephone No. (703) 308-0196



## INTERNATIONAL SEARCH REPORT

International application No.  
PCT/US95/16450

## C (Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	European Journal Of Immunology, Volume 23, issued 1993, Ben-Nun et al, "Protection against autoimmune disease by bacterial agents. II. PPD and pertussis toxin as proteins active in protecting mice against experimental autoimmune encephalomyelitis", pages 689-696.	1-14
X	WO, A, 92/19646 (THE ROCKEFELLER UNIVERSITY) 12 November 1992, see page 4, line 18 - page 5, line 14, page 23, line 20 - page 24, line 7, page 32, lines 1-3.	1-4, 6-10, 12-14
X	US, A, 4,845,036 (BURNS ET AL) 04 July 1989, see column 1, line 62 - column 2, line 16, column 2, lines 46-47, column 3, lines 1-3.	1-4, 6-10
A,P	US, A, 5,453,272 (HEERZE ET AL) 26 September 1995, see column 14, lines 20-26, column 18, lines 43-45.	1-14

# INTERNATIONAL SEARCH REPORT

International application No.

PCT/US95/16450

## B. FIELDS SEARCHED

Electronic data bases consulted (Name of data base and where practicable terms used):

APS, MEDLINE, DIALOG

search terms: bordetella pertussis, b oligomer, subunit, s2, s3, s4, s5, autoimmune, multiple sclerosis, arthritis, lupus, diabetes, graft-versus-host disease